



# CJIS Hub Portal Application Form

Criminal Justice Information Sharing  
State of North Dakota  
[www.nd.gov/cjis](http://www.nd.gov/cjis)  
701-328-1110

NDGOV user id *	Name (Last) (First) (MI)		
DOB	SSN	Work Phone:	Cell Phone:
Job Title	County	Email	
ORI	Agency		

Have you ever been arrest or convicted of a crime, to include deferred imposition and dismissals?

☐ No ☐ Yes – Please list. \_\_\_\_\_

Is there currently a protection/restraining order against you?

☐ No ☐ Yes – Where and expiration date? \_\_\_\_\_

Are you a fugitive from justice?

☐ No ☐ Yes – Please explain. \_\_\_\_\_

I certify that the answers to all these questions are true and correct. I understand the making of any false or misleading statements or answer with respect to this application will result in the removal of my Hub Portal access. I have read and agree to abide by the policies stated in the *Agreement for Electronic Online Access to North Dakota Criminal Justice Information Sharing*.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

## Authorizing Individual from your Agency:

Check access to be granted for CJIS Hub Portal Applicant

<input type="checkbox"/> Concealed Weapon <input type="checkbox"/> Criminal History <input type="checkbox"/> CWIS <input type="checkbox"/> DOT Images	<input type="checkbox"/> Drivers License <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Offender Registration <input type="checkbox"/> Protection Order View	<input type="checkbox"/> Protection Order Update <input type="checkbox"/> Supervision
<b>External RMS – Will only receive if your agency is sharing your RMS data with CJIS.</b>		
<input type="checkbox"/> Call-For Service	<input type="checkbox"/> External-RMS-Search	<input type="checkbox"/> Incident-Report

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Please attach two sets of classifiable fingerprints, on a *blue FBI applicant card*, to this application form and send to: **CJIS, State of North Dakota, 600 E Blvd Dept 112, Bismarck, ND 58505-0100.**